

Name
in
Full

Earl Floyd Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

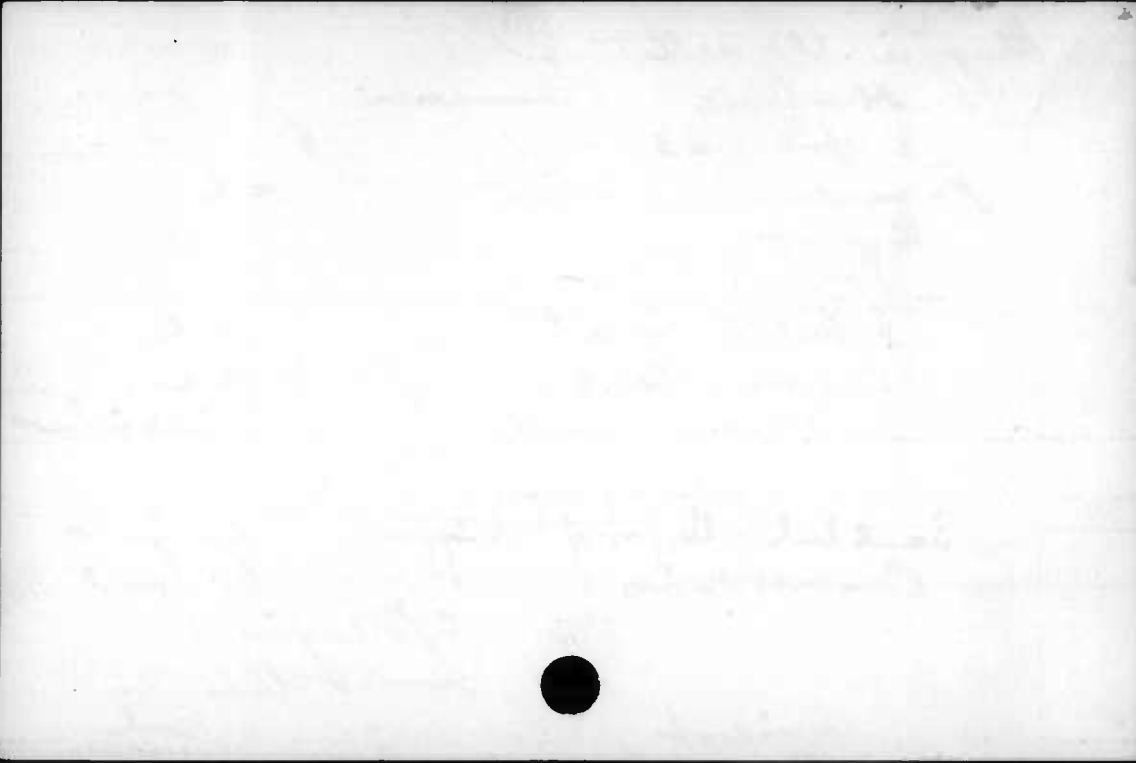
Died at <i>Fishing Creek</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>3</i> <small>Day</small>	Age <i>7</i> <small>Years</small>	Months <i>3</i> Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Dorchester Co.</i>			
Occupation <i>Infant</i>	Where Residing if not at place of death _____				
Married, Single or Widowed _____	Name of Wife or Husband _____				
Father's Name <i>J. Augustus Adams</i>	Father's Birthplace <i>Dorchester Co.</i>				
Mother's Maiden Name <i>Alice Parker</i>	Mother's Birthplace <i>Dorchester Co.</i>				
Name of person giving information <i>J. A. Adams</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

1350

PHYSICIAN
OR CORONER

Primary	<i>Chronic Internal Hydrocephalus</i>	How long <i>6 yrs.</i>
Immediate	<i>Capillary Bronchitis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W. H. Bruster M.D.</i>
		Address <i>Fishing Creek Md</i>
Accident or Suicide?	<i>No</i>	



Name
in
Full

Maggie Arnett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

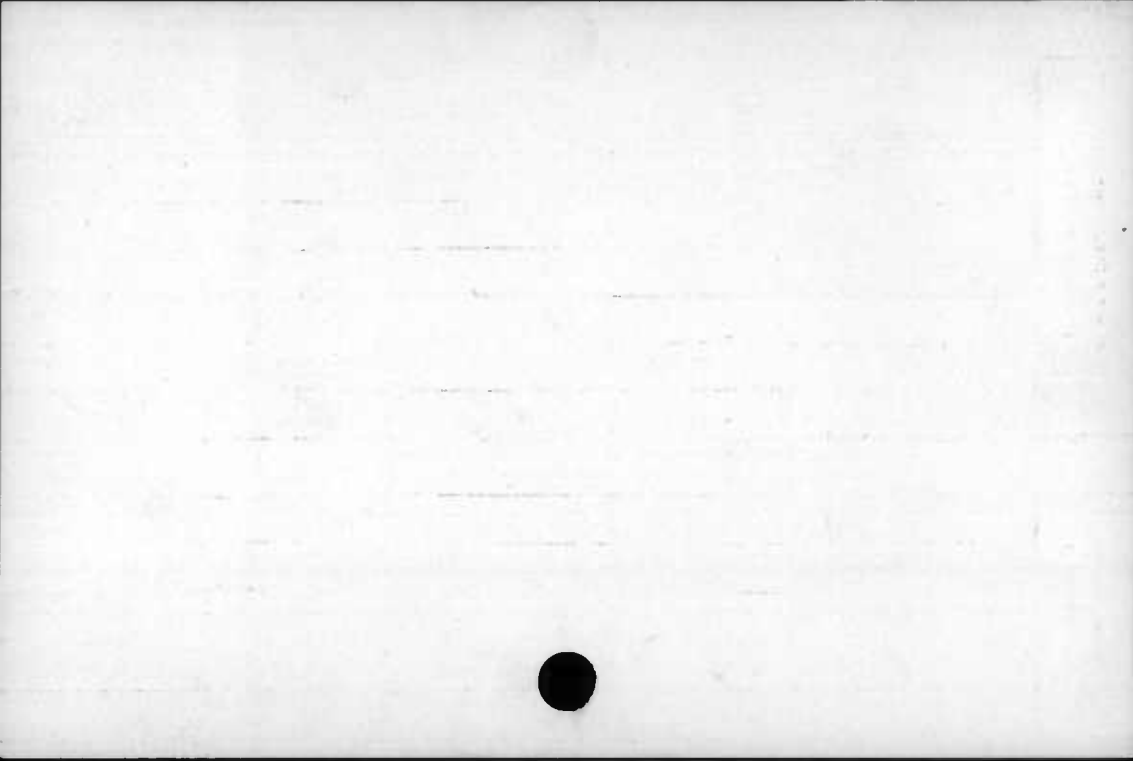
Died at <i>Hurlock</i>		County <i>Monrochester</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	April	23	Age 1	8	-
Sex	Color or Race		Birth-place		
Female	white		md		
Occupation	Where Residing if not at place of death				
Infant					
Married, Single or Widowed	Name of Wife or Husband				
-					
Father's Name	Father's Birthplace				
John A Arnett	md				
Mother's Maiden Name	Mother's Birthplace				
Emma Stokes	md				
Name of person giving information	How related to deceased				
Howard Arnett	Brother in-law				

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary	How long
Sealed with Rob of hot Coffee	
Immediate	How long
Cerebral palsy	24 hours
Are the name, age, sex, color, date and place correctly given above?	1/2 hour
Signature of Physician	
Address	
Accident or Suicide?	
Accident	md



Name
in
Full

Emily H. Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cambridge		^{County} Dorchester		MARYLAND	
Date of death	1908	Month	April	Day	28
Age	72	Years		Months	1
Sex	Female	Color or Race	White	Birthplace	Maryland
Occupation	Housewife		Where Residing if not at place of death Cambridge "		
Married, Single or Widowed	Married	Name of Wife or Husband Mr. W. Cook Jr.			
Father's Name	Ackland			Father's Birthplace	Maryland
Mother's Maiden Name	Jane White			Mother's Birthplace	"
Name of person giving information	Emma Cook			How related to deceased	Daughter

CAUSES OF DEATH

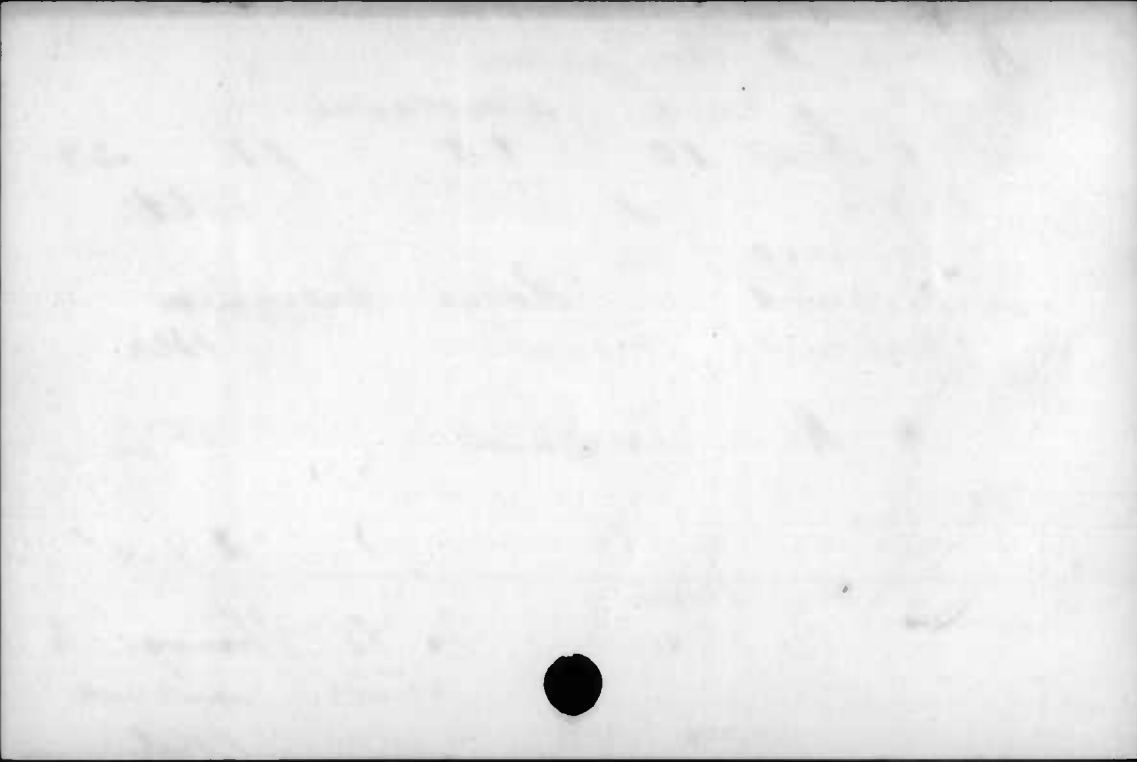
79

PHYSICIAN
OR CORONER

Primary	Stokes-Adams disease	How long	over 1 year
Immediate	Heart Failure & Paralysis	How long	very short
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. E. Volzff	
yes		Address Cambridge, Md.	
Accident or Suicide?			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Salisbury</i> Town		<i>Dorchester</i> County	
		Date of death <i>1908</i> <i>April</i> <i>26</i>		Age <i>22</i> <i>9</i> Months <i>26</i> Days	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Labourer</i>		Where Residing if not at place of death <i>—</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
		Father's Name <i>Samuel J. Craft</i>		Father's Birthplace <i>Dorchester Co</i>	
		Mother's Maiden Name <i>Mary W. Harper</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Samuel J. Craft</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Cancer of Throat</i>		How long <i>6 months</i>	
		Immediate <i>Cancer of Throat</i>		How long <i>3 months</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. W. Gassaway</i>	
				Address <i>Sharpsburg - Md</i>	
		Accident or Suicide? <i>9</i>			



Name
in
Full

CERTIFICATE OF DEATH

Beverly F Breighton

Town

County

Died at

Fishing Creek

Dorchester

MARYLAND

Date

1908

Month

April

Day

10

Years

Age 55

Months

11

Days

24

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Sailing

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Rena Breighton

Father's
Name

Jeremiah Breighton

Father's
Birthplace

Md.

Mother's
Maiden Name

Sarah Parker

Mother's
Birthplace

Md.

Name of person giving
Information

Rena Breighton

How related
to deceased

Wife

CAUSES OF DEATH

29

Primary

Tuberculosis- (Intestinal)

How long

2 yrs.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

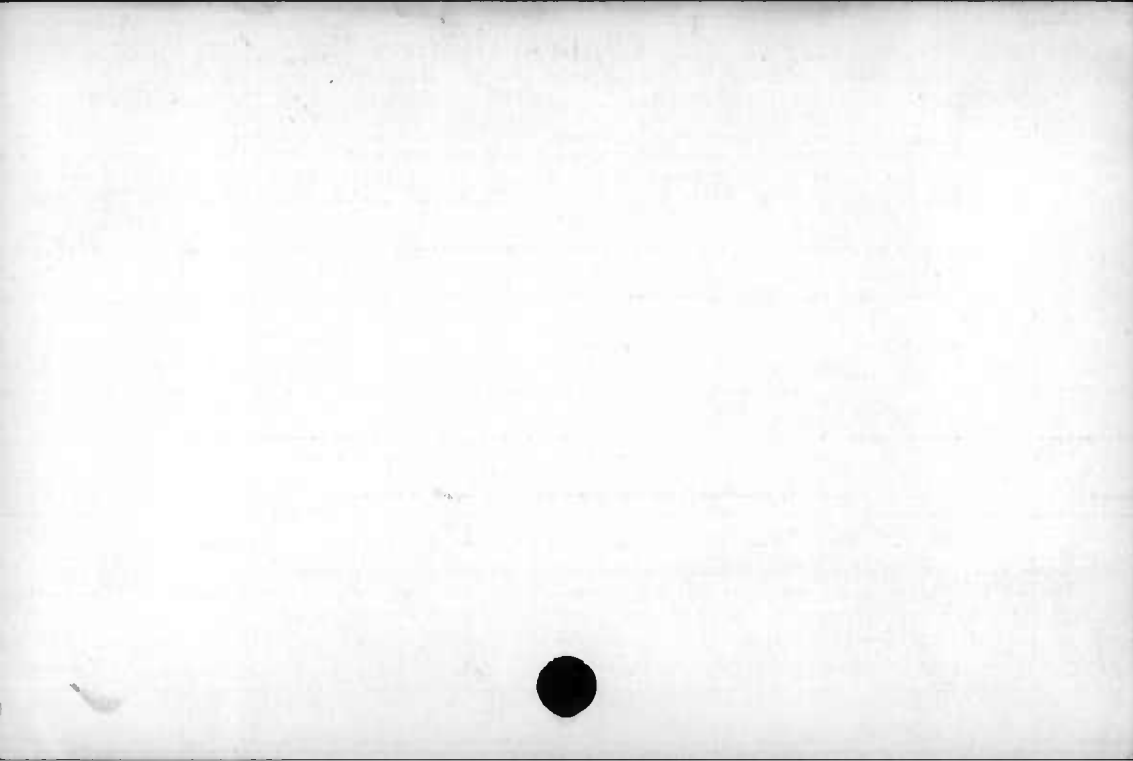
J. K. Shriver Jr.

Address

Taylor's Island

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Nettie Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

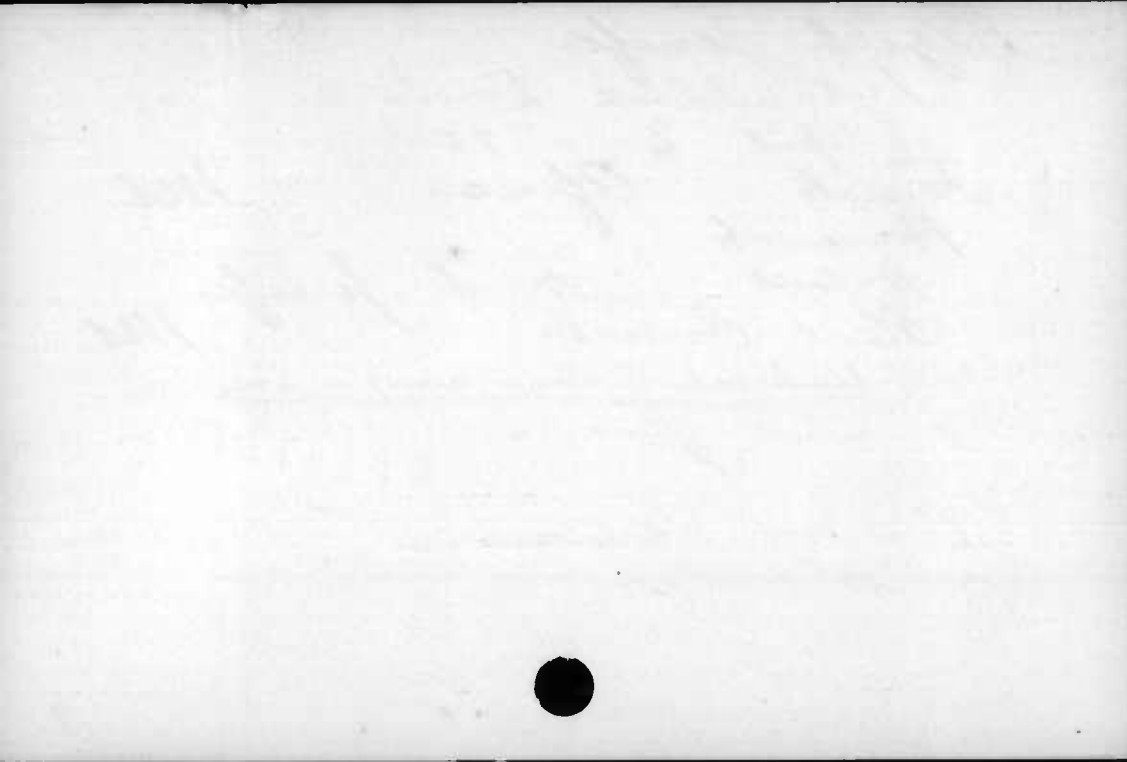
Died at <i>Aireys</i>		Town <i>Dorchester</i>		County <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>8</i>	Age <i>31</i>	Years <i>11</i>	Months <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Aireys</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm. G. Hubbard</i>			
Father's Name <i>John W. Stack</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sarah Nichols</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Wm. G. Hubbard</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Tuberculosis</i>	How long <i>3 months</i>
Immediate <i>Asthma</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. H. Goldsmith</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

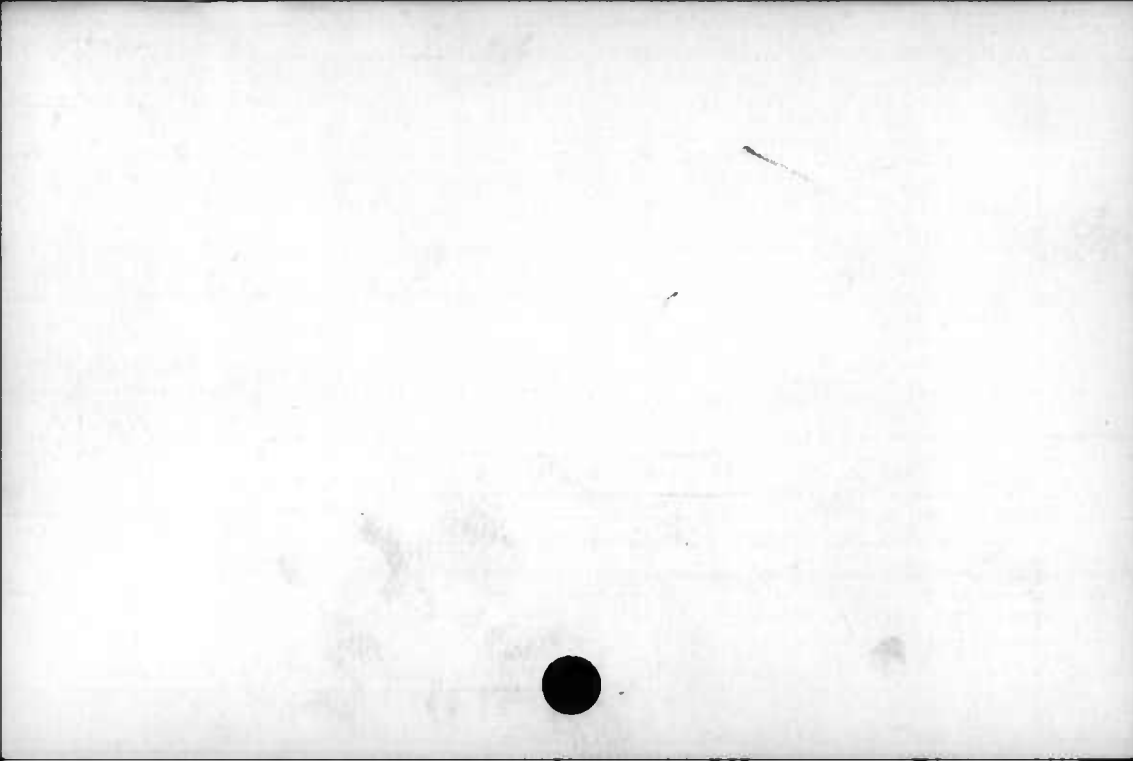
Name in Full <i>Keziah Jennifer</i>		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Taylor's Island</i>		Month <i>April</i>		Day <i>6</i>		Years <i>75</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Md.</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Frank Jennifer</i>					
Father's Name <i>Steve Ennals</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Unknown to person giving information</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Steve Jennifer</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Haemorrhage</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. H. Shriver Jr.</i>
	Address <i>Taylor's Island</i>
	<i>Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Annie Jones

CERTIFICATE OF DEATH

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NEAREST FRIEND

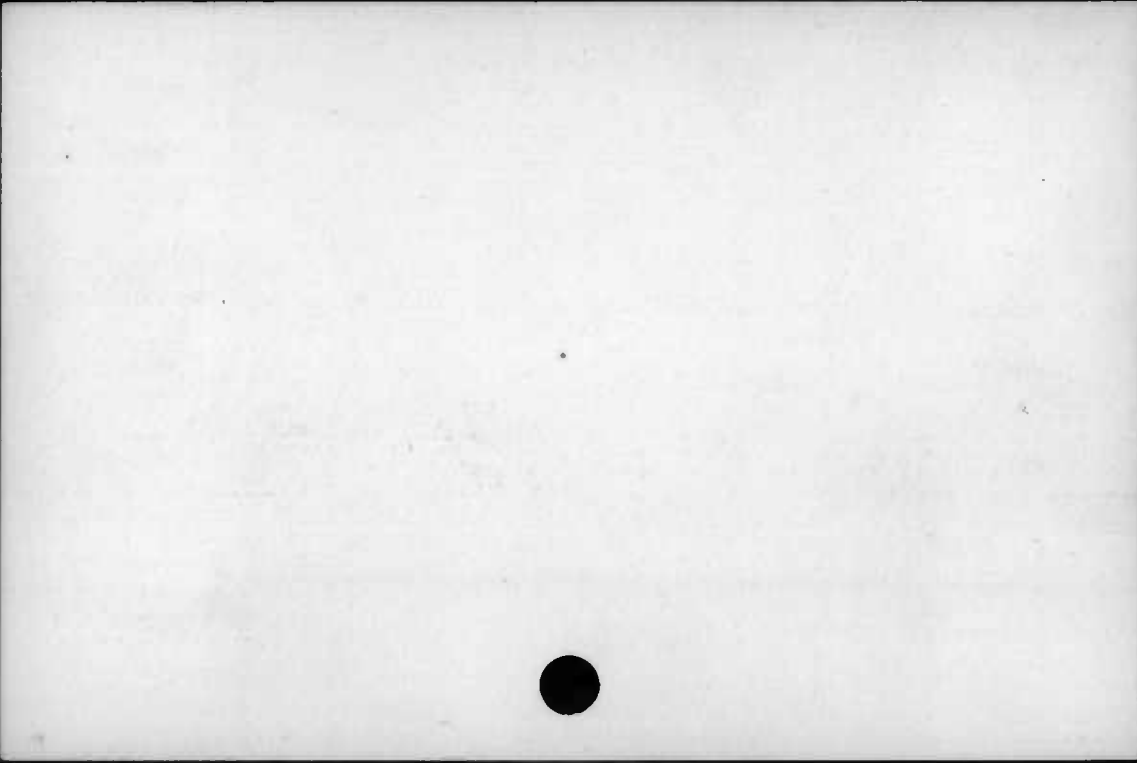
Died at ^{Town} Cambridge		^{County} Dorchester		M.D. MARYLAND	
Date of death	1908	Month	April	Day	6
Age		25		Months	
Sex	Female	Color or Race	Black	Birth-place	Bucktown
Occupation	House wife		Where Residing if not at place of death Bucktown		
Married, Single or Widowed	Married	Name of Wife or Husband	Richard Jones.		
Father's Name	Ellis H. Wolford			Father's Birthplace	Bucktown
Mother's Maiden Name	May Loughlin			Mother's Birthplace	Baltimore
Name of person giving information	Hoop Jones			How related to deceased	Father-in-law

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Unbar colour	How long	12 months
Immediate	Exhaustion	How long	not long -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. E. Welff	
		Address	
		Cambridge, Md.	
Accident or Suicide?			



Name
in
Full

Albert Johnson

CERTIFICATE OF DEATH

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NEAREST FRIEND

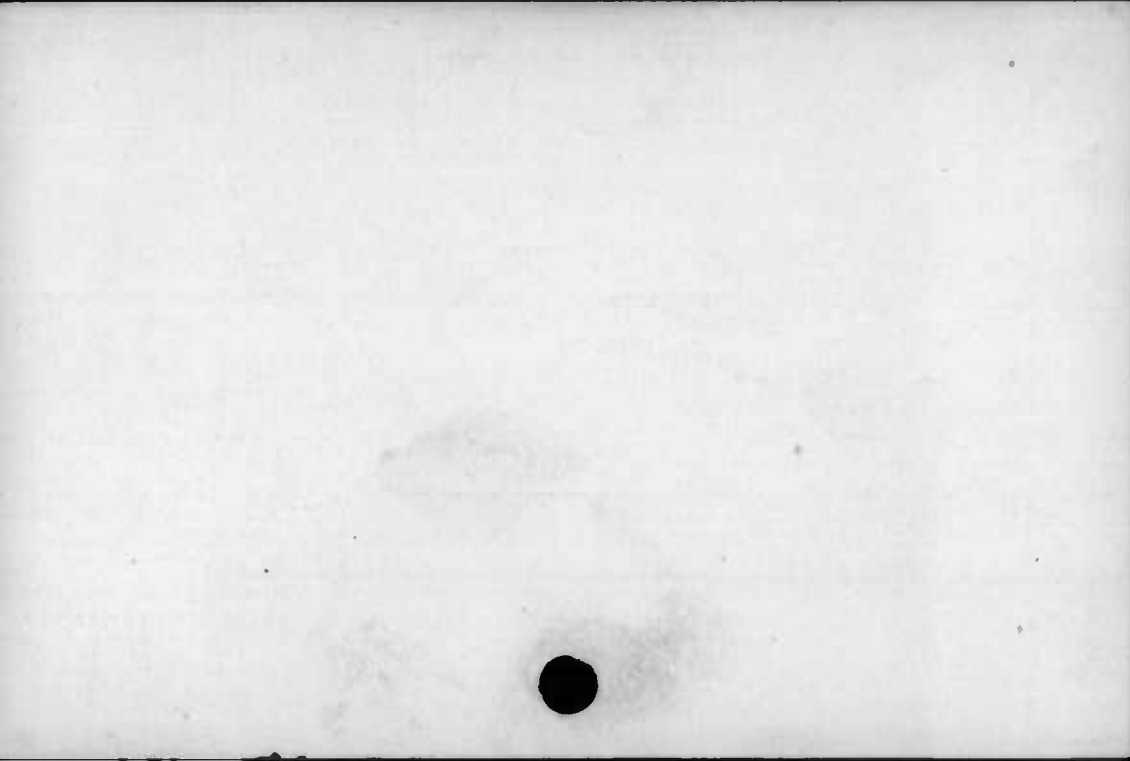
Died at <i>Concord</i> ^{Town}		<i>Dorchester</i> ^{County}		STATE OF <i>MARYLAND</i>	
Date of death <i>1908</i>	<i>April</i> ^{Month}	<i>14</i> ^{Day}	<i>52</i> ^{Years}	<i>—</i> ^{Month}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Co</i>		
Occupation <i>Barber</i>			Where Residing if not at place of death <i>Louisville</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>don't know</i>			
Father's Name <i>don't know</i>			Father's Birthplace <i>don't know</i>		
Mother's Maiden Name <i>don't know</i>			Mother's Birthplace <i>don't know</i>		
Name of person giving information <i>Hospital record</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary <i>Concussion of Rectum</i>	How long <i>about 1 year</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John M. —</i>
<i>9</i>	Address <i>Concord</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Esdra O. Keene

CERTIFICATE OF DEATH

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NEAREST FRIEND

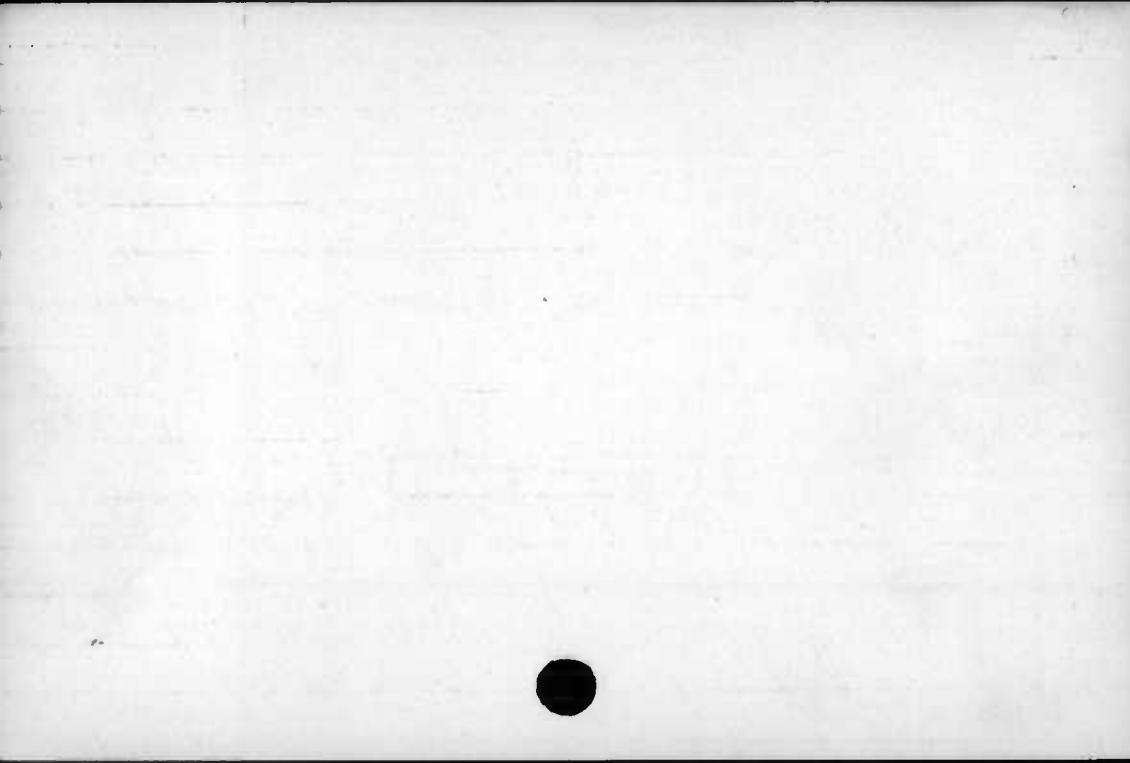
Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>23</i>	Age <i>72</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Cambridge</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elija J. Keene</i>						
Father's Name <i>Robert B. Keene</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Julia A. Keene</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Mrs Kate Fletcher</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Chronic Dyspepsia of bowels, through</i>	How long <i>Several years</i>
Immediate	<i>Insanition</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. B. Travers</i>
		Address <i>Cambridge Md</i>
Accident or Suicide?		



Name
in
Full

Mrs. Em. Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

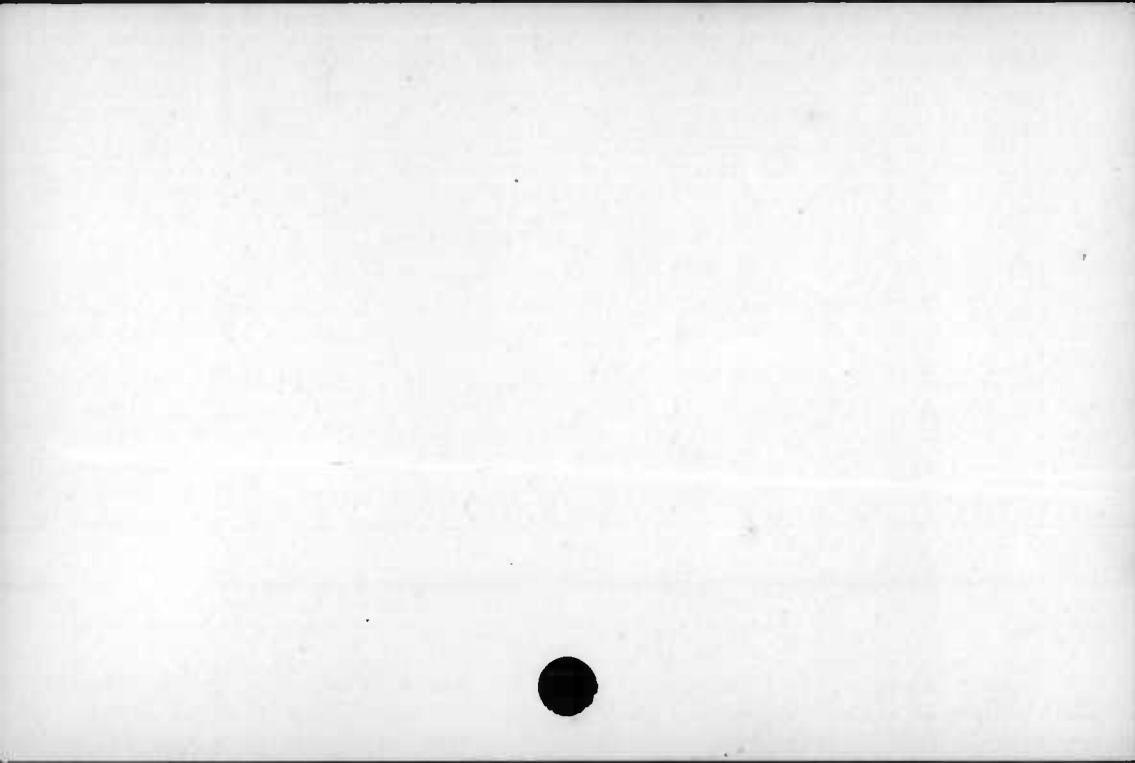
Died at <u>Vienna</u> Town			County <u>Sorchester</u>			MARYLAND		
Date of death <u>1908</u>		Month <u>April</u>	Day <u>12</u>	Years <u>77</u>	Age		Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Don't Know</u>				
Occupation <u>Keeping house</u>				Where Residing if not at place of death <u>Vienna</u>				
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Noah J. Kennedy</u>						
Father's Name <u>Don't Know</u>				Father's Birthplace <u>Don't Know</u>				
Mother's Maiden Name <u>Don't Know</u>				Mother's Birthplace <u>Don't Know</u>				
Name of person giving information <u>R. J. Price</u>				How related to deceased <u>Physician</u>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Bright's Kidney</u>	How long <u>2 years</u>
Immediate <u>Heart failure</u>	How long <u>6 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. J. Price</u>
Accident or Suicide? <u>Neither</u>	Address <u>Vienna</u>
	<u>Maryland</u>



Name
in
Full

Ida R. Lu

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

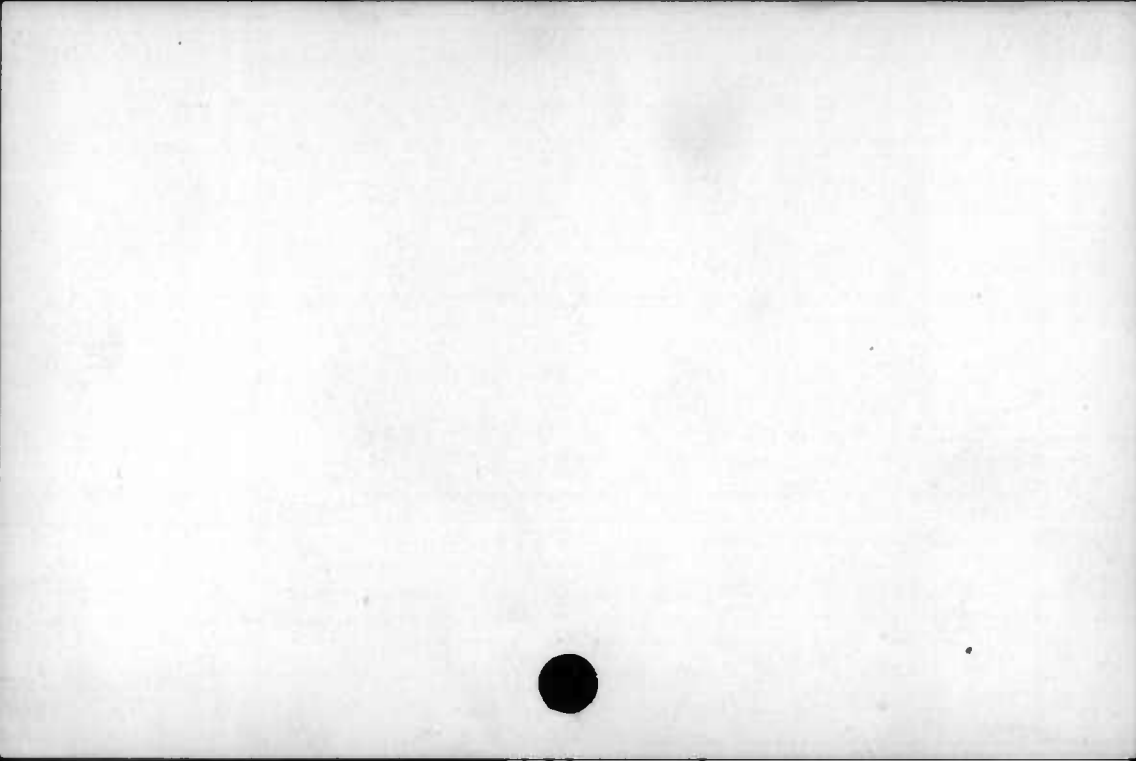
Died at <u>Near Woodford</u> ^{Town}		<u>Brockchester</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month} <u>April</u> ^{Day} <u>16</u>	Age	<u>—</u> ^{Years}	<u>9</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Brockchester Co., Md.</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Jerry Lu</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Mary G. Brown</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Mary G. Brown</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<u>Pertussis</u>	How long	<u>Six weeks</u>
Immediate	<u>Hemorrhage of Brain</u>	How long	<u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Victor L. Lammell</u>
		Address	<u>Cambridge Md.</u>
Accident or Suicide?	<u>Q</u>		



Name
in
Full

Robert S. Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		Month 1908	Day April	Age 24	Years 73	Months 11	Days 10
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Carpenter		Where Residing if not at place of death Cambridge "					
Married, Single or Widowed Married		Name of Wife or Husband Margaret Marshall					
Father's Name John Marshall		Father's Birthplace Maryland					
Mother's Maiden Name Sallie Shadon		Mother's Birthplace "					
Name of person giving information Charles Marshall		How related to deceased Son					

CAUSES OF DEATH.

166

PHYSICIAN
OR CORONER

Primary Concussion of the Brain		How long 3 days	
Immediate Heart Failure (Paralysis)		How long Very short	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. E. Wolff	
Accident or Suicide? Accident		Address Cambridge, Md.	



Name
in
Full

Theopolis a Mowbray

CERTIFICATE OF DEATH

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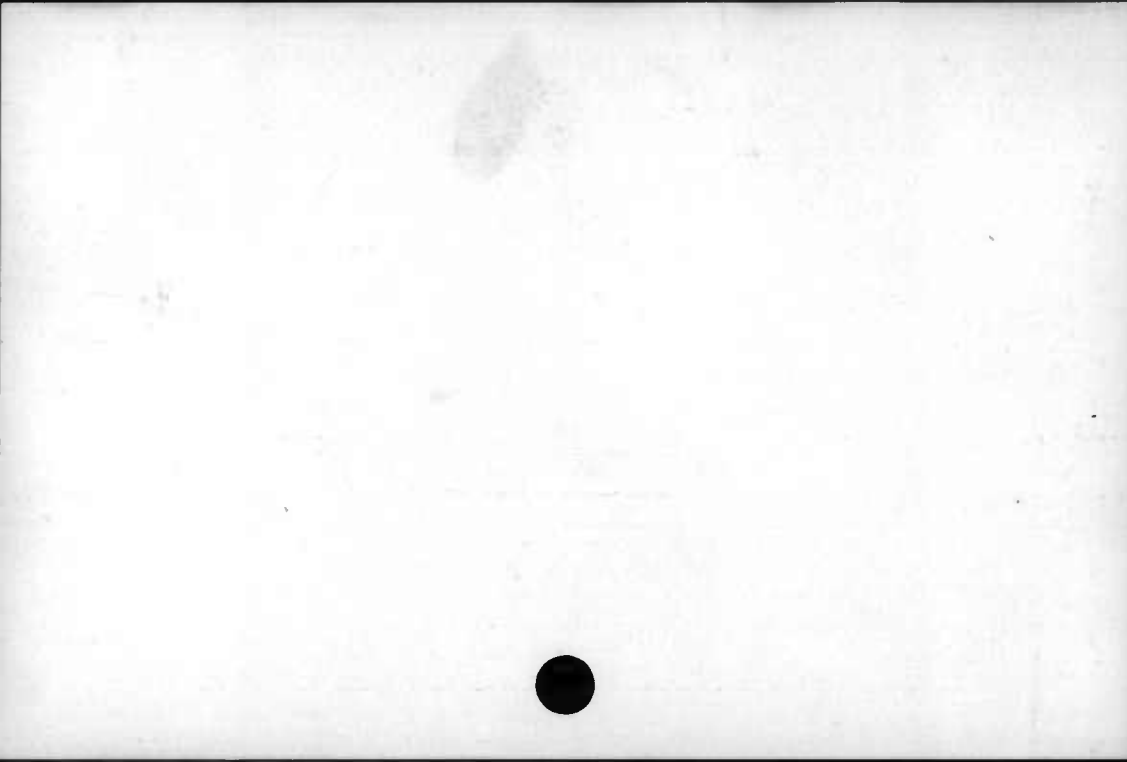
Died at <i>Coburn Creek</i>		Town <i>Coburn</i>		County <i>Dor</i>		MARYLAND	
Date of death 1908	Month <i>4</i>	Day <i>7</i>	Age <i>69</i>	Years	Months <i>7</i>	Days <i>26</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Dor Co</i>				
Married, Single or Widowed <i>married</i>			Occupation <i>magistrate</i>				
Name of Wife or Husband <i>Hannah Angelina Mowbray</i>							
Father's Name <i>Wm Mowbray</i>				Father's Birthplace <i>Dor Co</i>			
Mother's Maiden Name <i>Harriet Conway</i>				Mother's Birthplace <i>Dor Co</i>			
Name of person giving information <i>Frank Webster</i>				How related to deceased <i>son in law</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 days</i>
Immediate <i>uremia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Roger Myers</i>
	Address <i>Theresa md</i>
Accident or Suicide? <i>No</i>	



Name is Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hurlock</i> Town		<i>Dorchester</i> County		MARYLAND
	Date of death <i>1908</i>	Month <i>4</i>	Day <i>8</i>	Age Years	Months <i>4</i> Days <i>10</i>
	Sex <i>male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Hurlock</i>	
	Occupation <i>infant</i>		Where Residing if not at place of death <i>Hurlock</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>Base Burr</i>		Father's Birthplace		
	Mother's Maiden Name <i>Sadie Rider</i>		Mother's Birthplace <i>Ind</i>		
	Name of person giving information <i>Gas H. Roos</i>		How related to deceased <i>uncle</i>		
CAUSES OF DEATH					93
PHYSICIAN OR CORONER	Primary		How long		
	Immediate <i>Pneumonia</i>		How long <i>10 days</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>None in attendance</i>		
	Accident or Suicide?		Address		



Name
in
Full

Walter A. Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Creek</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>13th</i>	Years <i>80</i>	Months <i>3</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>James M. Richardson (deceased)</i>				
Father's Name <i>Samuel Leinthicum</i>	Father's Birthplace <i>Dor. Co. Md.</i>				
Mother's Maiden Name <i>Allegair Bonewood</i>	Mother's Birthplace <i>Dor. Co. Md.</i>				
Name of person giving information <i>R. L. Leinthicum Md</i>	How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

(50)

PHYSICIAN
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>5 or 6 years</i>
Immediate <i>Pertinormia - Crura*</i>	How long <i>* 12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. L. Leinthicum Md</i>
	Address <i>[Redacted]</i>
Accident or Suicide? <i>[Redacted]</i>	



Name
in
Full

Candace Rideout

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

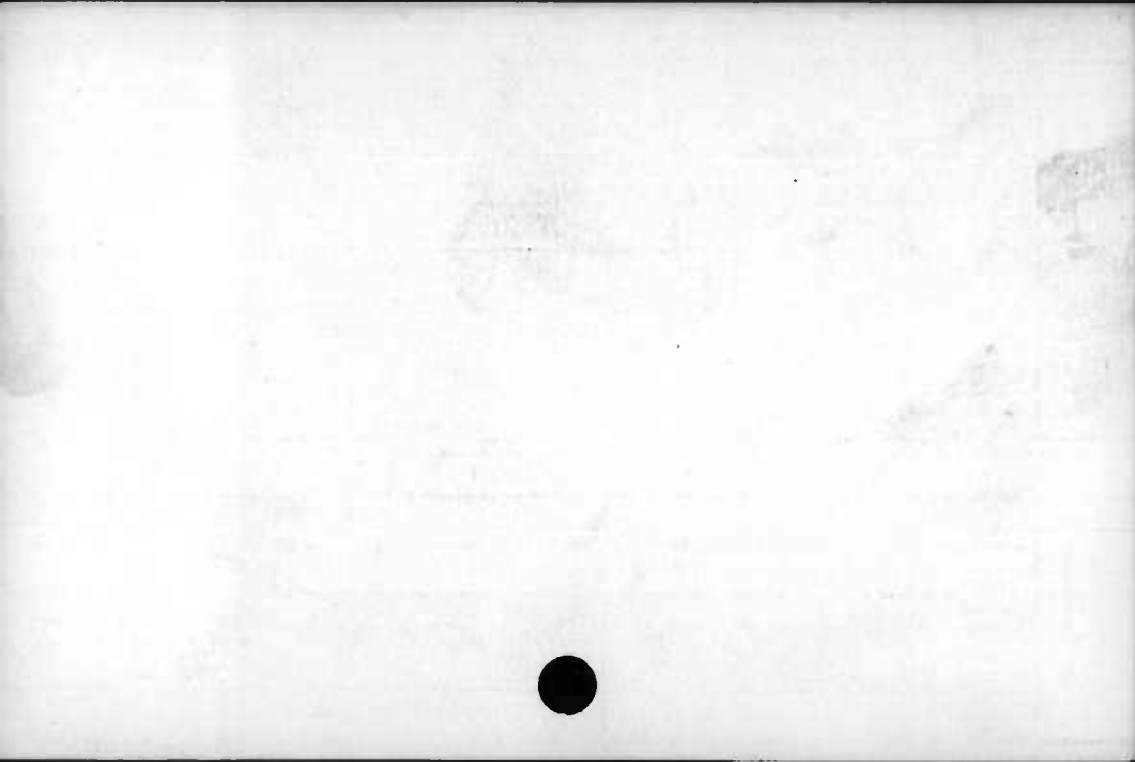
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1908	Month	Apr	Day	18
Age		18		Years	18
Sex		Female		Color or Race	Colored
Occupation		Housewife		Birth place	Dorchester Co
Where Residing if not at place of death		—			
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	John Rideout		Father's Birthplace		
Mother's Maiden Name	Charity Matthews		Mother's Birthplace		
Name of person giving information	Bever Rideout		How related to deceased		
			Son		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Senility, Nephritis</u>	How long	<u>Several years</u>
Immediate	<u>Cardiac Failure</u>	How long	<u>Several days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr. J. J. Arnold MD</u>
		Address	<u>Cambridge Md</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		M.D. <i>md</i> MARYLAND	
Date of death	<i>1908</i>	Month <i>Apr</i>	Day <i>17</i>	Age <i>3</i>	Months <i>weeks</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bucktown</i>		
Occupation <i>Iron</i>			Where Residing if not at place of death <i>Bucktown</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Charlie Robbins</i>			
Father's Name <i>Charlie Robbins</i>		Father's Birthplace <i>Lakes</i>			
Mother's Maiden Name <i>Julie Shauler</i>		Mother's Birthplace <i>Bucktown</i>			
Name of person giving information <i>Joe Lushy</i>		How related to deceased <i>uncle</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>3 weeks</i>
Immediate <i>''</i>	How long <i>'' ''</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor Carroll</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide? <i>Q</i>	



Name in Full		James H Robinson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Havrelock		County Dorchester		MARYLAND	
	Date of death	1905	Month April	Day 10th	Age 2	Years 3	Months 20
	Sex	Male		Color or Race	colored		Birth-place Md
	Occupation	—			Where Residing if not at place of death —		
	Married, Single or Widowed	—		Name of Wife or Husband —			
	Father's Name	Abraham Robinson				Father's Birthplace	Md
	Mother's Maiden Name	Mary E. Jolley				Mother's Birthplace	Md
Name of person giving information	Aftonza Robinson				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">10</div>							
PHYSICIAN OR CORONER	Primary	Typhoid				How long	5 days
	Immediate	Meningitis				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				B. F. Maguire		
	Address				Havrelock, Md		
Accident or Suicide? <input type="checkbox"/>							



Name
in
Full

Alex. S. Skinner

CERTIFICATE OF DEATH

Died at Cambridge Town

Inches County

MARYLAND

Date of death 1908 Month April Day 26 Age 78 Years Months 4 Days 1

Sex Male Color or Race white Birth-place Guilford V.C.

Occupation none Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Sallie A. Gentry

Father's Name J. Skinner Father's Birthplace W.C.

Mother's Maiden Name Hannah Bond Mother's Birthplace Belmont.

Name of person giving information John S. Skinner How related to deceased son

CAUSES OF DEATH

Primary Central hemorrhage How long 1 1/2 days

Immediate Pul. Edema & Exhaustion How long

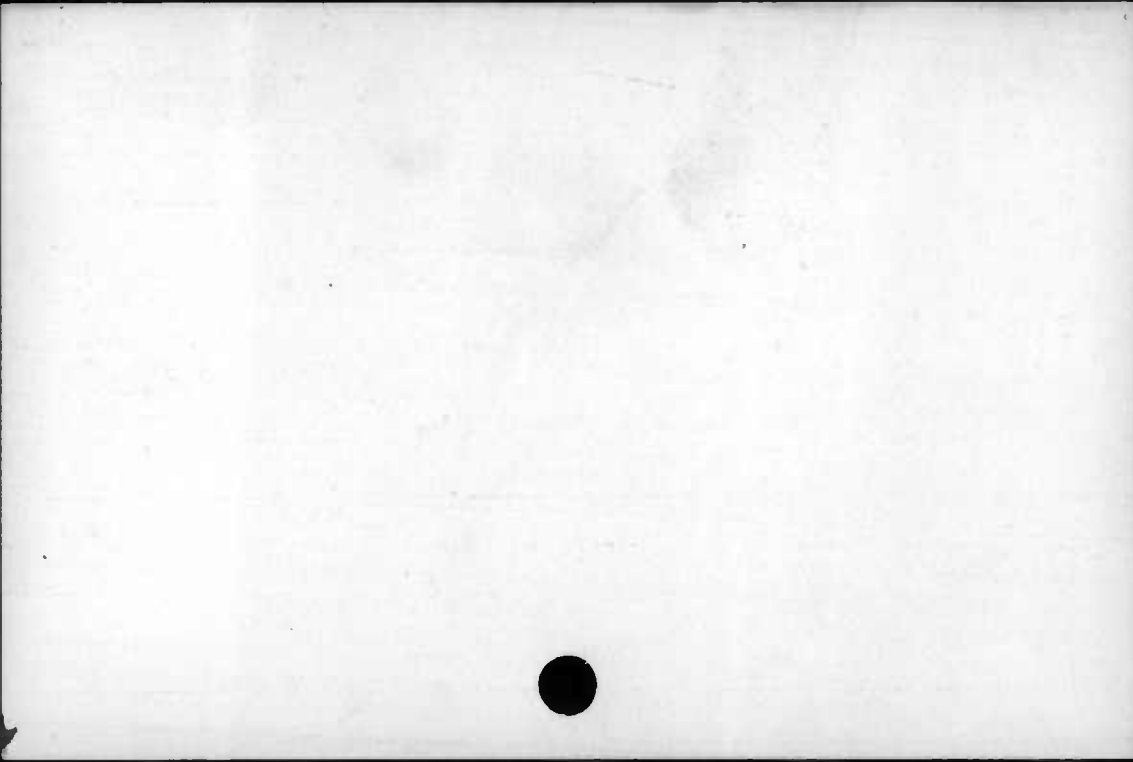
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Guy Steele

Address Cambridge Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Church Creek</i>		Town <i>Smith</i>		County <i>Orcheston</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>April</i>		Day <i>11</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>near Church Creek Md</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>2</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Mrs. Smith</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Redie Elsey</i>		Name of person giving information <i>Mrs. Smith</i>		Mother's Birthplace <i>Md</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary <i>Unobstructed Hemorrhage</i>		How long <i>3 hours</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Victor O. Carroll</i>	
Accident or Suicide? <i>9</i>		Address <i>Cambridge Md</i>	



Name
in
Full

Sarah A Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

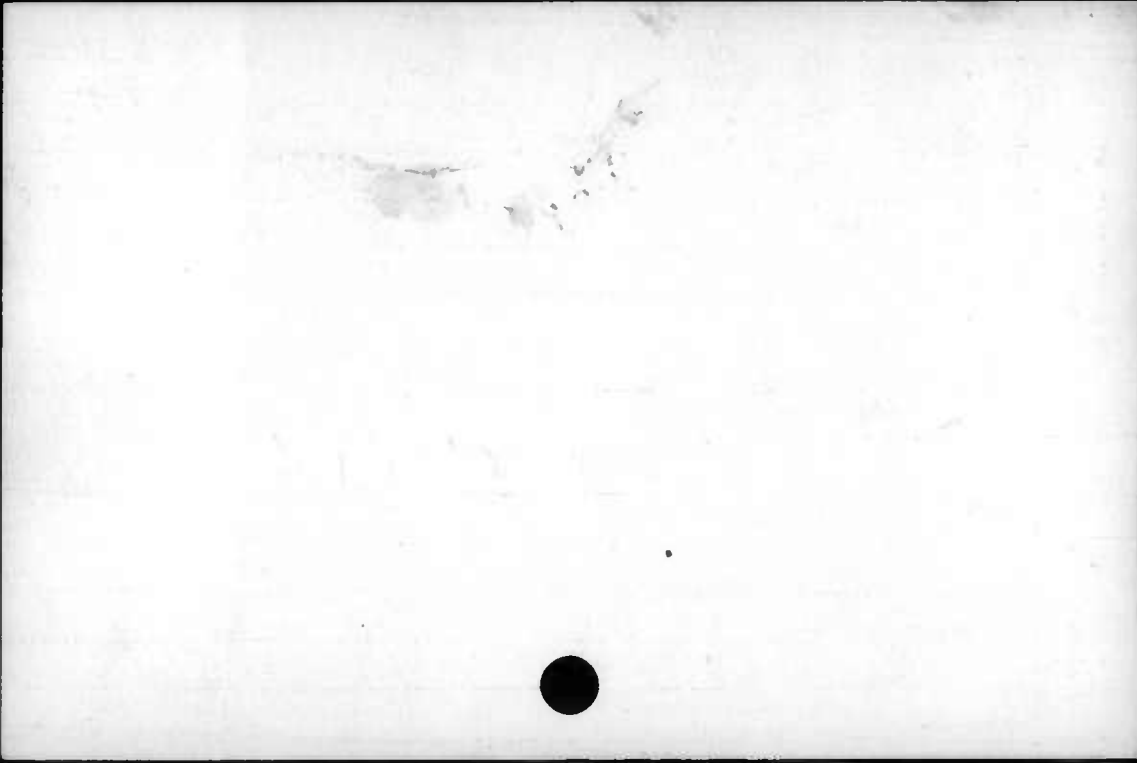
Died at <i>Healeon</i>		Town <i>Healeon</i>		County <i>Do</i>		MARYLAND	
Date of death 1908	Month 4	Day 19	Age 80	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Do Co Md</i>				
Married, Single or Widowed <i>widow</i>			Occupation <i>wife</i>				
Name of Wife or Husband <i>Spy Thomas</i>							
Father's Name <i>un known</i>				Father's Birthplace <i>un known</i>			
Mother's Maiden Name <i>un known</i>				Mother's Birthplace <i>un known</i>			
Name of person giving information <i>W C Promaster Thomas</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

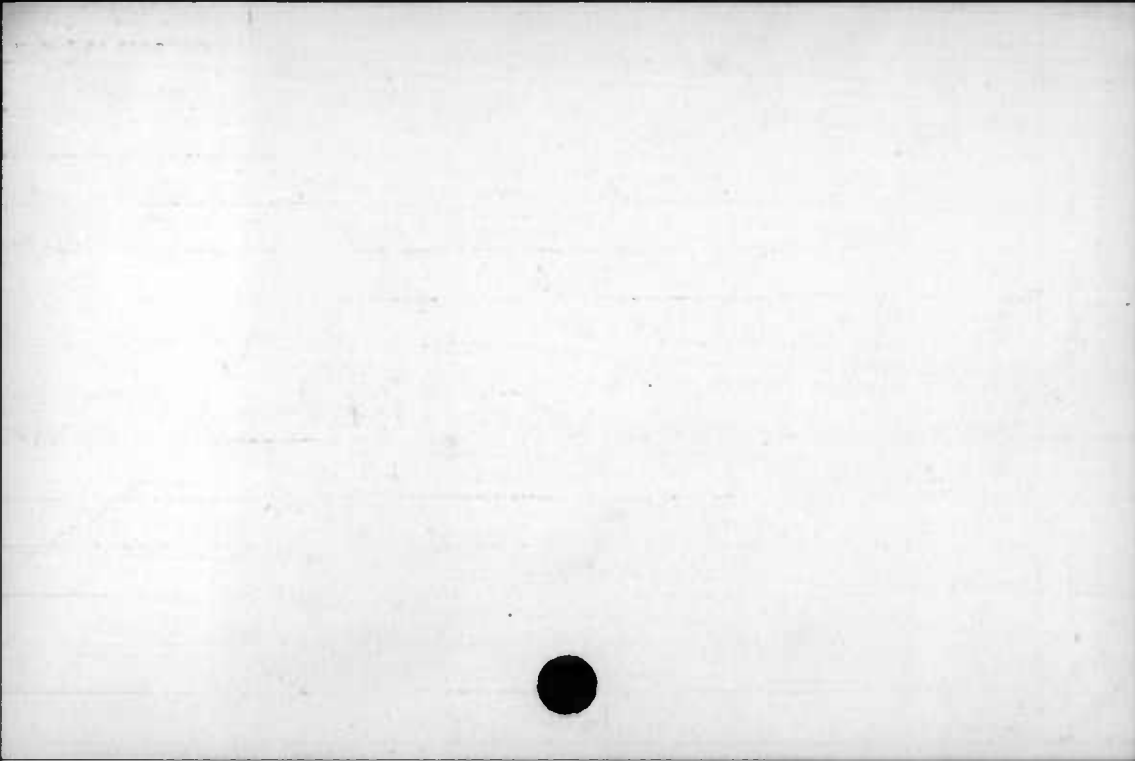
154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long
Immediate <i>the same</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G Roger Myers</i>
	Address <i>Healeon Md</i>
Accident or Suicide?	



Name in Full Levi Watson Tyler		CERTIFICATE OF DEATH	
Town Cumondy		County Dorchester	
Died at		MARYLAND	
Date of death 1908	Month April	Day 21	Years 10
Sex Male	Color or Race White	Birthplace Fishing Creek	Days 21
Occupation	Where Residing if not at place of death Fishing Creek		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name Levi S. Tyler	Father's Birthplace Fishing CK		
Mother's Maiden Name Bessie Brokaw	Mother's Birthplace Linkwood		
Name of person giving information Bessie Tyler	How related to deceased Mother		
CAUSES OF DEATH			
Primary Tuberculosis of the Membranes of the Brain		How long Probably some weeks	
Immediate Exhaustion		How long A few days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician B. W. G. L. Wright	
		Address Cumondy Md	
Accident or Suicide?			



Name in Full		Edward M. Willey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Bucktown		County Dorchester		MARYLAND	
	Date of death	1908	Month April	Day 6	Age 70	Months	Days
	Sex	Male		Color or Race	White		Birth-place Maryland
	Occupation	Farmer & Merchant		Where Residing if not at place of death Bucktown			
	Married, Single or Widowed	Married		Name of Wife or Husband Lucy Willey Meredith.			
	Father's Name	Jacob Willey				Father's Birthplace Maryland	
	Mother's Maiden Name	Eliza Whalley				Mother's Birthplace "	
	Name of person giving information	Charles E. Willey				How related to deceased Son	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">66</div>							
PHYSICIAN OR CORONER	Primary	Gonorrhea				How long 6 wks	
	Immediate	Internal exhaustion from 3rd stroke				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yhs		Signature of Physician Guy Steele		
					Address Cambridge Md.		
Accident or Suicide? <input checked="" type="checkbox"/>							

